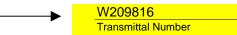
Enter your transmittal number



Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Pormit Application and Poyment

There are no fee exemptions for BWSC permits, regardless of applicant status.

Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).

\$1,605

Dollar Amount

☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).

☐ Homeowner (according to 310 CMR 4.02).

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

- 2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.
- **3.** Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP P.O. Box 4062 Boston, MA 02211

* **Note:** For BWSC Permits, enter the LSP.

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

BWP IW 38	Permit for Industrial Sewer User			
1. Permit Code: 7 or 8 character code from permit instructions 2. Name of Permit Category				
Sewer User in IPP POTW discharging more than 50,000 GPD				
3. Type of Project or Activity				
Applicant Information – Firm or	Individua	I		
Munksjo Paper, Inc.				
1. Name of Firm - Or, if party needing this approve	al is an individua	al enter name below	:	
2. Last Name of Individual	3. First Name of Individual			4. MI
642 River Street	5. 1 Her 14 5			
5. Street Address				
Fitchburg	MA	01420	978-342-1080	
6. City/Town	7. State	8. Zip Code	9. Telephone #	10. Ext. #
Lee Chauvette		lee.chauvette@us.munksjo.com		
11. Contact Person	12. e-mail address (optional)			
Facility, Site or Individual Requ	iring Appr	oval		
Munksjo Paper, Inc.				
1. Name of Facility, Site Or Individual				
642 River Street				
2. Street Address		0.1.100	070 040 4000	
Fitchburg	MA	01420	978-342-1080	
3. City/Town 177072	4. State	5. Zip Code	6. Telephone #	7. Ext. #
8. DEP Facility Number (if Known)	9. Federal I.D. Number (if Known) 10. BWSC Tracking # (if Known)			ing # (if Knowr
Application Prepared by (if diffe	arent from	Section B*		
	, CIIC 11 OIII	occion b)		
Epsilon Associates, Inc. 1. Name of Firm Or Individual				
3 Clock Tower Place, Suite 250				
2. Address				
	MA	01754	978-897-7100	
Maynard	4. State	5. Zip Code	6. Telephone #	7. Ext. #
Maynard 3. City/Town			5	
3. City/Town				
		9. LSP Number (B\	WSC Permits only)	
3. City/Town Daniel Fefer 8. Contact Person		9. LSP Number (B\	NSC Permits only)	
3. City/Town Daniel Fefer 8. Contact Person Permit - Project Coordination		9. LSP Number (B\	NSC Permits only)	
3. City/Town Daniel Fefer 8. Contact Person Permit - Project Coordination Is this project subject to MEPA review?	yes ⊠ no		NSC Permits only)	
3. City/Town Daniel Fefer 8. Contact Person Permit - Project Coordination Is this project subject to MEPA review? If yes, enter the project's EOEA file number	yes ⊠ no - assigned who	en an	NSC Permits only)	
3. City/Town Daniel Fefer 8. Contact Person Permit - Project Coordination Is this project subject to MEPA review?	yes ⊠ no - assigned who	en an unit:		
3. City/Town Daniel Fefer 8. Contact Person Permit - Project Coordination Is this project subject to MEPA review? If yes, enter the project's EOEA file number Environmental Notification Form is submitted.	yes ⊠ no - assigned who	en an unit:	NSC Permits only) File Number	
3. City/Town Daniel Fefer 8. Contact Person Permit - Project Coordination Is this project subject to MEPA review? If yes, enter the project's EOEA file number	yes ⊠ no - assigned who	en an unit:		

2.

Check Number

Date